



**Question 3**

Which day did you first become unwell?

Mon	Tues	Weds	Thurs	Fri	Sat	Sun
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Completion Errors**

**Question 4**

Have you seen your GP or visited hospital regarding these symptoms?

- No
- Yes - Saw GP
- Yes - seen in hospital as outpatient
- Yes - admitted to hospital

**Question 5**

Are you taking any medications for your symptoms?

- I am not taking any medications for these symptoms
- Yes - I am taking pain killers, medications for fever (such as paracetamol or ibuprofen) or other medications that don't require a prescription
- Yes - antibiotics

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### Completion Errors

The following questions are about your general health today. For each one please tick the one box that best describes your health TODAY:

#### Question 6: Mobility

- I have no problems walking about
- I have slight problems walking about
- I have moderate problems walking about
- I have severe problems walking about
- I am unable to walk about

#### Question 7: Self-Care

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

#### Question 8: Usual Activities (e.g. work, study, house work, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

**Question 9: Pain / Discomfort**

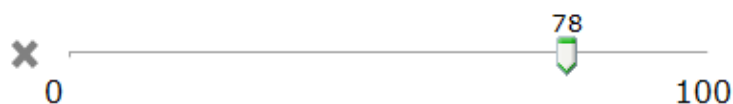
- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

**Question 10: Anxiety / Depression**

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

**Question 11**

On a scale of 0 to 100, where 0 means WORST health you can imagine and 100 means BEST health you can imagine, how good or bad is your health today?



Click on **SUBMIT** to submit your data

Please could you contact the study team on telephone number 07468 934026 or email [rf.acuterespiratory@nhs.net](mailto:rf.acuterespiratory@nhs.net) and we will arrange a convenient time to see you.



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